

FAX TRANSMITTAL COVER SHEET

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FROM: Peter Hernandez

DATE: October 11, 2004

RE: U.S. Patent Application Serial No. 10/690,683
Filing Date: October 22, 2003
Atty Docket 1962-17000 TI-34791
Response to Office Action (10 pages)
Petition for Extension of Time (1 page)
Fee Transmittal (1 page)
Transmittal Form (1 page)
Transmittal Cover Sheet (1 page)

Total Number of Pages (Including Cover Page): 14

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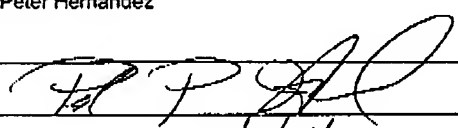
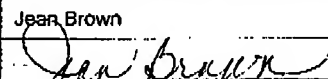
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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>		Application Number	10/690,683
		Filing Date	October 22, 2003
		First Named Inventor	Udi Suissa, et al.
		Group Art Unit	2816
		Examiner Name	Kenneth B. Wells
Total Number of Pages in This Submission		Attorney Docket Number	1962-17000 TI-34791

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> Facsimile Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Or Individual Name	Peter Hernandez		
Signature			
Date	10/11/04		
CERTIFICATE OF MAILING			
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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3> <p style="margin: 0; font-size: small;">Effective 10/01/04. Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																																																																																			
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The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account		Attorney Docket No.	1962-17000 TI-34791																																																																																																																																																																																																																																																		
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Name (Print/Type)		PEDRO P. HERNANDEZ		Registration No. (Attorney/Agent)		35,190		Telephone		(972) 731-2288																																																																																																																																																																																																																																											
Signature		Pedro P. Hernandez						Date		10/11/04																																																																																																																																																																																																																																											

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